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CONFIRMATION NO. 6785

<b>SERIAL NUMBER</b> 10/764,986	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> ACULSR.036A
<b>APPLICANTS</b> Jackson Streeter, Reno, NV; Luis De Taboada, Carlsbad, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/442,693 01/24/2003 and claims benefit of 60/487,979 07/17/2003 and claims benefit of 60/537,190 01/19/2004				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 20995				
<b>TITLE</b> LOW LEVEL LIGHT THERAPY FOR ENHANCEMENT OF NEUROLOGIC FUNCTION				
<b>FILING FEE RECEIVED</b> 737	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	